



State of Connecticut  
Department of Banking  
Consumer Credit Division  
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF OFFICER FORM  
Sales Finance Company

Form may be used to add or delete officers/directors, members or partners.

Instructions:

1. Please provide **full given name, full residential address and date of birth** of officer or director, member or partner.  
First initials of officer or director, member or partner or P. O. Box address will not be acceptable.
2. If applicable, please complete **Request for Change of Stockholder Form**.
3. Any questions, please contact Justyna Kordowska at 860-240-8275 or via e-mail at [justyna.kordowska@ct.gov](mailto:justyna.kordowska@ct.gov).

Company Name: \_\_\_\_\_ License Number(s) \_\_\_\_\_  
DBA Name (if applicable) \_\_\_\_\_

PRESENT OFFICER SET-UP

Full Given Name	Title	Residential Address	Date of Birth

PROPOSED OFFICER SET-UP

Full Given Name	Title	Residential Address	Date of Birth

Name of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_